

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Annie Fields  
Craig M. Fields Sr.  
DBA  
Blu Star Transportation

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 162 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shawna Ayre

Telephone: 7064962693

Address: 225 Magnolia Ave

Fax: 7064962693

Augusta, GA 30901

Other: 7063060399

Email: BlueStarTrans@comcast.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted                                                                               | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi                                                                                       | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter                                                                                    | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus                                                                                | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency                                                                   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van                                                                              | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods                                                                            | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste                                                                            | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Application                                                                                                      | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                       | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                          | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension                                                                                           | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement                                                                                        | <input type="checkbox"/> Other: _____                                  |

RECEIVED

MAY 05 2010

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: April 30, 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Blu Star Transportation of Augusta, LLC

225 Magnolia Ave Augusta, Ga, 30901

Street Address of Applicant

Mailing Address of Applicant if different from street address

706-496-2693

Phone

706-496-2693

Fax

BlueStarTrans@comcast.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Annie Fields CEO

Craig M. Fields Sr. President

Shawna K. Ayre Corporate Secretary

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month April Year 2010

### Assets:

Cash	3000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	0
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>3000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	500.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>500.00</b>
Capital Stock	
Retained Earnings	0
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity</b>	<b>0</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

We will be contracted by Logisticare. I have attached a copy of our paid rates.

Counties to be Served:

All counties in the state of South Carolina

Maximum Number of Passengers per Vehicle:

8

**EXHIBIT B**  
**TO**  
**TRANSPORTATION AGREEMENT**  
**RATES, INVOICING AND PAYMENT TERMS**  
**entered into by and between**  
**LOGISTICARE SOLUTIONS, LLC ("LGTC")**  
**and**  
**(" ")**

LGTC and Provider hereby agree to the following terms for invoicing, payment and re-submittal of denied claims.

**Rates**

Only services specifically pre-authorized by LGTC will be compensated. Pricing for transportation performed by Provider under the Agreement shall be as follows:

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 miles
<b>Ambulatory</b>	\$6.00	\$10.00	\$14.00	\$18.00	\$24.00	\$30.00	\$32.00	\$34.00	\$40.00	\$50.00	\$80.00
<b>Wheelchair</b>	\$10.00	\$15.00	\$22.00	\$28.00	\$32.00	\$38.00	\$46.00	\$52.00	\$60.00	\$70.00	\$90.00
<b>Stretcher</b>	\$40.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00	\$80.00	\$85.00	\$90.00	\$115.00
<b>BLS</b>	base										

To determine the payment amount LGTC calculates mileage using proprietary and/or third party mapping software. Distances are measured as the shortest distance from the point of pick-up to the point of drop-off and rounded to the nearest whole number. Provider agrees that LGTC's determination of mileage shall be final. If Provider believes there to be a material mileage error, Provider may bring it to LGTC's attention before running the trip. LGTC will review the trip or trips in question and may reference other software to verify the distance. Any correction remains the sole decision of LGTC. If Provider is not satisfied with LGTC's decision regarding the mileage it may reroute the trip. Performance of a trip constitutes acceptance of the mileage provided by LGTC.

Provider must perform transportation at the level of service (livery/taxi, wheelchair, stretcher, and non-emergency ambulance) as requested by LGTC, and must inform LGTC if it believe the level of service requested is incorrect.

**Payment Terms**

As a condition of payment, Provider must submit accurate invoices, including properly completed trip tickets or vehicle manifests (as described below), to LGTC

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Blue Star Transportation

Name of Motor Carrier

225 Magnolia Ave, Augusta, GA 30901

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 10,990

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Discover Property and Casualty Insurance Co.

Name of Insurance Company

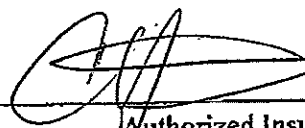
5 Batterson Park Road Farmington CT 06032

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/29/10

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Blu Star Transportation  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No



### **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes                      ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes                      ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes                      ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes                      ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes                      ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Aiken

\_\_\_\_\_  
Applicant's Signature

I, Shawn Ayre, Corporate Secretary  
Name of Applicant's Representative Title

of Blu Star Transportation,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Shawn K Ayre  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 4 day of May, 2012  
[Signature]  
Notary Public



My Commission Expires January 24, 2014  
Commission Expires \_\_\_\_\_

Control No. 10032820

# STATE OF GEORGIA

**Secretary of State****Corporation Division****315 West Tower****#2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530**

## CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Blu Star Transportation of Augusta LLC**

**a Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **May 4, 2010** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on May 4, 2010

Brian P. Kemp

Secretary of State

Control No: 10032820  
Date Filed: 05/04/2010 11:04 AM  
Brian P. Kemp  
Secretary of State

May 04, 2010

**ARTICLES OF ORGANIZATION  
FOR GEORGIA LIMITED LIABILITY COMPANY**

**The name of the Limited Liability Company is:**

Blu Star Transportation of Augusta LLC

**The principal mailing address of the Limited Liability Company is:**

225 Magnolia Ave  
Augusta, GA 30901

**The Registered Agent is:**

Craig Maurice Fields  
225 Magnolia Ave  
Augusta, GA 30901**County:** Richmond

**The name and address of each organizer(s) are:**

Craig Maurice Fields  
225 Magnolia Ave  
Augusta, GA 30901Shawna Kay Ayre  
225 Magnolia Ave  
Augusta, GA 30901

**The optional provisions are:**

No optional provisions.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date set forth below.

**Signature(s):**

Member/Manager, Shawna Kay Ayre

**Date:**

May 04, 2010